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FILE

A STUDY TO ASSESS AND IMPROVE ADMINISTRATIVE

EFFICIENCY AND EFFECTIVENESS

AT

WILLIAM BEAUMONT ARMY MEDICAL CENTER

EL PASO, TEXAS

A PROBLEM SOLVING PROJECT SUBMITTED TO THE

FACULTY OF BAYLOR UNIVERSITY IN

PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF MASTER

OF HEALTH ADMINISTRATION

BY

CAPTAIN ROBERT D. GALLOWAY, MSC

6 March 1979

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To COL Stephen Henley, MSC, Executive Officer at William Beaumont Army Medical Center I express my sincere gratitude for his supervision and counsel which was of immeasurable value in the conduct of this study. I also thank him for his forbearance in always taking time from his busy schedule to answer questions and to help solve problems presented in the study.

I. INTRODUCTION

Historical Factors.

William Beaumont Army Medical Center is a complex academic center having diverse functions in both primary and referral patient care, education, and research activities. The medical center also provides a wide variety of general and specialized community and installation support functions for the Fort Bliss/El Paso area and for the States of New Mexico, Arizona, and the thirteen western counties of Texas.

William Beaumont Army Medical Center is located in the El Paso metropolitan area, a city of 350,000 people and adjacent to Ciudad Juarez, Republic of Mexico, a city of 650,000. The medical center is situated on the old William Beaumont Military Reservation, an area of approximately 600 acres, and is separated from Fort Bliss by approximately three miles. The William Beaumont Military Reservation is not autonomous from Fort Bliss, and all base support functions are provided by Fort Bliss.

Medical care has been provided to the military troops in El Paso since 1847 when the health care clinic and hospital was located in what is now old El Paso. In the 1870's, Fort Bliss was moved to its present location on the mesa overlooking the Rio Grande Valley. Health care was provided in Building 1 on Fort Bliss until 1917 when William Beaumont

General Hospital was constructed. During the height of World War II the hospital was expanded to 6,000 beds. In the mid-1960's the need for a new hospital was recognized by the Surgeon General and in 1972 William Beaumont Army Medical Center, a twelve-story facility, opened its doors.

The new facility has 446 operating beds and an expansion capability to 611 beds. The medical center staff has the full range of medical expertise and the center's only technological limitations are a whole body scanner, which is scheduled to be purchased in 1980, and a heart lung machine. Patients needing open heart surgery are transferred to either Brooke Army Medical Center, Fitzsimons Army Medical Center, or to a local hospital in El Paso with that capability.

Mission

The mission of the medical center is four-fold. First is patient care for the active duty soldiers stationed at Fort Bliss and their dependents; retired beneficiaries of the area and their dependents; Veterans Administration beneficiaries; and others designated by law such as referral patients from the numerous Indian Reservations in the regional area.

The second mission of the medical center is regional

support. The William Beaumont service area includes six Air Force and one other Army hospital located in Arizona, New Mexico, and the twelve western counties of Texas. The supported hospitals refer patients to William Beaumont in specialty areas which they do not have. In addition, members of the Beaumont staff make frequent consultation visits throughout the region.

The third mission of the medical center is education and training. William Beaumont Army Medical Center offers graduate training in seventeen specialties for medical officers. Residency training is also conducted in four dental specialties. The center also provides training and education in numerous other areas such as operating room nursing, anesthesia nursing, health care administration, psychology, and licensed practical nursing.

The fourth mission is clinical research. The center has an active Clinical Investigation Service which supports eighty research protocols and numerous staff presentations and publications at the national level.

William Beaumont Army Medical Center is accredited by the Joint Commission on Accreditation of Hospitals and the Association of American Medical Colleges as a teaching hospital.

Nature of the Problem.

William Beaumont Army Medical Center is a total health

care system which requires effective integration of all processes in order to promote the achievement of the main organizational goal of effective and efficient patient care for the serviced population. Due to curtailments and cut backs of funds within the Army Medical Department, the medical center was requested to increase its patient workload without a subsequent increase in finding. Given the inflation rates, the medical center's real spending power was decreased.

There exist within the center many mechanisms to monitor the effectiveness and efficiency of the direct patient care departments; examples of such are utilization review and peer review, but there was no mechanism to monitor the administrative services other than subjective judgments by those in the organizational hierarchy.

As monetary problems arose and personnel hiring was either limited or curtailed in various areas, critical judgments were made about what personnel spaces should be filled, what supplies should be purchased, and what equipment replaced. To aid in the decision process, it was felt that if an objective mechanism to judge the effectiveness and efficiency of administrative services could be found,

then more efficient resource utilization could be made. This study is an attempt to develop this mechanism.

Statement of the Problem.

The problem is to develop a mechanism by which the administrative departments and the functions of those departments can be examined relative to the efficiency and effectiveness of the resources expended by those departments.

Limitations imposed upon the development of a mechanism to ascertain the effectiveness and efficiency of the administrative services:

1. The program must be implemented without requiring additional personnel.
2. The program must not require additional monies.
3. The program must be expeditiously administered so as not to be too time-consuming. A self-imposed restriction of six man hours per month per department was used by the author.
4. The program must be non-accusatory.

Obstacles to Optimum Research.

Although the entire medical center and its records and personnel was available for review, two distinct problems arose: one external to the medical center and the other

intrinsic, which affected the study. First, the study of administrative effectiveness and efficiency is relatively new within the health care industry, and there is very little published material available for either research, documentation, or collaboration of observed phenomena.

Even though organizations such as the JCAH indicated that administrative audits are desirable and will become mandatory, most institutions have not initiated administrative audits, but rather delegated them to a lower priority behind other more pressing audit programs. It also appears that most academicians are concerning themselves with what they consider to be more pressing problems within the health care field.

Secondly, during this study, each of the department chiefs whose departments were studied, the chief of administrative services, and other department heads were asked to develop objective criteria upon which to ascertain the effectiveness and efficiency of the studied departments. Without exception, subjective criteria was returned. (See Appendix A, B).

Only by repeatedly returning to each department head requesting more quantifiable criteria could objective criteria be developed. It is personally felt that since the Army's Officer Efficiency Reporting system is fairly

subjective, and the department chiefs were familiar with that system and accustomed to being judged in a subjective system, then, when asked to develop an evaluation system for their departments, they chose subjective criteria with a minimum of quantifiable yardsticks.

II. DISCUSSION

During the conduct of this study, three Divisions within the medical center were chosen as the areas that would be studied. It was felt by the Executive Officer, COL Stephen Henley, that since this was to be a trial period, it was best to limit the scope of the study and then expand the review process if the program proved to be effective after partial implementation. The actual scope of the study, and which particular divisions were to be included in the study, was left up to the researcher. The three divisions chosen were the Personnel Division, the Patient Administration Division, and the Food Service Division. Each division was chosen because it represents different levels of interaction within the medical center. The Personnel Division concerns itself with the staff of the medical center and has little or no interaction with the patients. The Patient Administration Division provides both support to the staff and to the patients on a fairly well-divided basis. It should also be understood that much of the workload in the Patient Administration Division is dependent for timeliness on other divisions within the medical center. Therefore, review of Patient Administration could also surface problems in the professional medical departments. Although not pursued in this

study, it is felt that an audit of the Patient Administration Division would provide extremely valuable data, such as lateness of records, lateness of dictation, and lost laboratory reports to name a few, in the audits and peer reviews of other departments. The Food Service Division, which is not an "administrative service" but which falls under the purview of the Executive Officer, provides most of its support to the patients and the consuming staff. The term "consuming staff" is used to indicate that there is little difference other than special diets between a patient who consumes a meal in the patient's room or the dining facility and a staff member who consumes a meal in the dining facility. It is felt that the three divisions decided upon all react within different levels in the medical center if one considers the areas of impact and the individuals and sections upon which they impact.

Development of Criteria.

To ascertain whether a department was utilizing its resources efficiently to effectively accomplish its mission or goals, criteria had to be established upon which to measure its performance. Five mechanisms were used to develop criteria. First, the department head was asked to list those quantifiable objective elements that he felt important in measuring his department's performance. Secondly, the Executive Officer was asked to develop the

objective criteria he felt that he should use to judge each department's performance. Thirdly, other department heads whose departments were supported by the studied group were asked through the Delphi technique (See Appendix C) to provide criteria for the studied department's performance. Fourthly, patients and staff were questioned concerning the departments studied. This was accomplished using a random sample of patients or staff members through interviewing. At least twenty different people were interviewed about each division. The interviews were conducted on at least three different occasions in different weeks, on different days of the week. It is recognized that a "true sample" cannot be obtained with the above method, but this information was used as an indication for criteria to be developed.

Finally, a literature review was conducted to provide input from outside the medical center on industry criteria for the studied departments to try to ascertain criteria used to judge administrative services in other hospitals.

The five sets of criteria were then consolidated into one set of criteria for each department (See Appendix D). The consolidated lists were established in an elemental, integrated fashion with no consideration made for order ranking. The consolidated lists were then returned to the department chiefs of the studied departments, the Executive Officer, and several other departmental chiefs that were

previously queried using the Delphi technique, and they were all asked to order rank the list with the most important element being number 1, the second in importance, number 2, and so forth. The order ranked lists were then consolidated and the top fifteen items were considered to be those strategic indicators upon which an audit would be conducted (See Appendix E). As an aside, the final criterion were then compared to the Organization and Function Manual for William Beaumont Army Medical Center (See Appendix F). It is interesting to note that many of the criteria established by the study are reflected in the Organization and Function Manual but many of the functions in the manual were never mentioned by any of the correspondents or interviewees of the study. It seems, therefore, that the value of the Organization and Function Manual should be questioned.

Peer Review.

To initiate the review system, the strategic indicators were used in the formation of a check list which would indicate whether the criteria was met. The criteria and form was deliberately kept simple and the entire checklist process was expected to take less than two hours per department. It was then arranged among the three department chiefs whose departments were being studied to review or

check each other's departments on a rotating basis. The three participating chiefs were chosen as evaluators because, by evaluating within the study group, it was felt there would be a less threatening atmosphere. The department heads concerned are all senior officers knowledgeable in hospital operation. Their expertise as administrators would also provide the reviewed department with an assistance visit to solve problems that were recognized by the review. Thirdly, as reviewers, they would gain added appreciation of their counterpart's problems and how their particular divisions might help alleviate these problems. It was also felt that review by one's peers would help assure quality in the review system. And lastly, by utilizing personnel concerned with the program, confusion would be kept to a minimum because they would already be aware of the expectations and goals of the program.

After the audit form is completed the auditor and the audited department head should discuss the audit findings and notations should be made of any conditions that exist which would lead to a finding outside of the review criteria. Then the copy of the audit form should be forwarded to the Executive Officer for review, and if he deems it necessary, review with the department chief concerned. This process should be performed monthly so that corrective action can be monitored to ascertain whether or not problems are

alleviated through more intense management or the redistribution of resources. The resource redistribution can be accomplished at the department level or, in cases where warranted, at the medical center level. Finally, the Evaluation reports should be reviewed monthly by the administrative evaluation committee composed of the Executive Officer, those department chiefs whose departments were evaluated, and the evaluators. The administrative evaluation committee would also be charged with reviewing and updating the evaluation criteria for each department after the initial evaluation criteria are established.

III CONCLUSION

Currently there is no quantifiable objective program to review administrative services at William Beaumont Army Medical Center. It is hoped that the program developed in this study will be the initial thrust, that after implementation and revision will provide a measurement of efficiency and effectiveness of the administrative department and will serve as a valuable management tool. Recognition must be made that the program developed in this paper should remain flexible. It should be progressive and change when the goals of the departments or the medical center change. The criteria used should be indicative of those elements most critical in the functioning of the departments. The final review and feedback of the program itself and the department critiques should be rapid and subject to scrutiny. It can be argued that it is easier to initiate a new program rather than change the existing system. This argument can be challenged, however, when a researcher must conceptualize a program and then find fault with his own ideas. The lack of industry development and published materials in the areas of administrative audits necessitated independent action which cannot be footnoted.

This study attempted to take the essential characteristics of an audit as proposed by the JCAH, to wit:

1. Valid criteria that permit objective review of quality of service.
2. Measurement of actual practice against the criteria established.
3. Results of measurement are analyzed by peers.
4. Action is taken to correct the problems identified.
5. Action is followed up.
6. Results of the evaluation are reported.

The above have all been incorporated into the audit procedures.

The implementation of the program will be low-keyed and kept as non-threatening as possible. All change is threatening and the advent of a new "grading" system will add to the anxiety. But it is felt that if the program gains acceptance from the three department chiefs who took part in its development, then recognition of its merit, if substantiated, will lessen anxiety in the rest of the medical center as the program is further implemented.

APPENDIX A

EXECUTIVE OFFICER'S RESPONSE

FOOD SERVICE

1. Inventory control/level, etc.
2. Cleanliness of Food Service areas.
3. Budget accomplishment.
4. Diet Clinic Visits.
5. Contact with inpatients reference food service.
6. Ability to serve fluctuating demand.
7. Ability to serve nutritional, palatable, pleasing meals.

PATIENT ADMINISTRATION

1. Accuracy of patient locator.
2. Accuracy of ward occupancy chart.
3. Line of Duty administration.
4. Processing vouchers for medical services.
5. Third party liability reporting.
6. Administration of medical boards.
7. Death counseling.
8. Management of TDRL examinations.
9. Capture of work count.
10. Filing of medical records components in outpatient records.
11. Audits of Treasurer.
12. Performance of patient care audits.
13. Correctness and control of patient count.
14. Transcribing of dictation.
15. Compliance with air evacuation requirements.
16. Control of supplementary care.
17. Timely response to correspondence.

PERSONNEL

1. Enlisted Promotion Program.
2. Ability to fill authorized military spaces with qualified military personnel.
3. Provide accurate military strength accounting.
4. Maintain attendance in morale support activities.
5. SIDPERS error rate.
6. Timely OER/EER submissions.
7. Operate morale support fund activities at a profit.
8. Maintain student records at a 2% error rate.
9. Timely personnel actions correspondence.
10. Maintenance of billets quality.
11. Hospital duty uniform supply, inventory.
12. Administer disciplinary actions equitably.
13. Administer moonlighting program.
14. Accomplishment of reenlistment program objectives.
15. Accuracy of personnel rosters.

APPENDIX B

DEPARTMENT CHIEF'S RESPONSE

PATIENT ADMINISTRATION

1. Quality of Inpatient Records (must meet the JCAH standards).
2. Timeliness in completion of Medical Boards.
3. Responsiveness and effectiveness of the Aeromedical Evaluation Section.
4. Maintenance and control of outpatient records, to include technical advice to outlying clinics.
5. Patient satisfaction.
6. Interactions supporting the professional and nursing staffs.
7. Timeliness in completion of all dicatations.
8. 100% error-free rate in the operation of the MSA and PTF.
9. Monitoring of long term patients in order to make disposition of such patients as a primary part of the Utilization Review program.
10. Rapport established and maintained with other military and civilian hospitals.
11. Morale of assigned personnel.

FOOD SERVICE

1. Deliver food trays on time.
2. Variety of food items.
3. Quality of food:
 - a. Taste
 - b. Texture
 - c. Appearance
 - d. Temperature
4. Provide a social atmosphere of relaxation in the Dining Facility.
5. Make money.
6. Maintain a consistent inventory.
7. Increasing ration count.
8. Check published menu against what is being served.
9. See if people over thirty are using the Dining Facility.
10. Cleanliness.
11. Sick leave used by employees.
12. Union complaints lodged.
13. Patient visited within 24 hours of admission by a dietitian.
14. Every patient on the cardex.
15. Every new patient has a menu within 12 hours.

PERSONNEL

1. Exercise command of all enlisted personnel, assigned/ attached to WBAMC.
2. Provide personnel management services to all assigned personnel.
3. Provide consultative personnel services to the WBAMC Commander and staff.
4. Operate the Morale Support Program and facilities of WBAMC.
5. In consultation with the C, Force Development Division, develop, establish and conduct policies and procedures to insure the most effective employment of military personnel.
6. Serve as the WBAMC Chief Negotiator for contract negotiations with the AFL-CIO AFGE Local 2516.
7. Represent WBAMC as the institutional/organizational representative to various Fort Bliss and El Paso civic organizations.
8. Administer the WBAMC Decorations and Awards Program.
9. Continually review and refine short-range performance objectives for areas of responsibility (less than one year, usually not more than 90 days).
10. Continually review and refine long-range objections (one year, plus).

Appendix B3 Continued

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11. Coordinate with WBAMC and Fort Bliss activities and senior HQ to enhance the ability of WBAMC to accomplish its mission.

APPENDIX C

DELPHI QUESTIONNAIRE

You have been selected to participate in a user analysis of the _____. This analysis will use the Delphi technique and your cooperation will be greatly appreciated. You will receive several short questionnaires; all you should do is reply to the questions asked and return the questionnaire to the Adjutant's Office in the envelope provided.

The technique of using successive questionnaires called the Delphi was originally developed over a decade ago at the Rand Corporation as a way of predicting future events. The opinions of panels of experts were solicited and their predictions were circulated and shared anonymously so that a consensus could be developed as estimates were reviewed and revised. Essentially, the Delphi is a questionnaire which is repeated, that is, reiterative. The questionnaire is completed anonymously; between each round of questionnaires the results are compiled and pooled and then fed back to those participating so that they may revise their opinions in subsequent questionnaire rounds.

The current study is trying to determine the most important services provided to your department by the _____. You are asked to write down those services in the descending order of importance.

- 1.
- 2.
- 3.

APPENDIX D

COMBINED RESPONSE

FOOD SERVICE

Ability to serve fluctuating demand.

Diet Clinic visits available within one week.

Budget accomplishment.

Cleanliness of Food Service areas.

Budget accomplishment.

Check published menu against what is being served.

Union complaints lodged.

Deliver food trays within ten minutes of scheduled time.

Every patient on the cardex.

Quality of food.

a. Taste

c. Appearance

b. Texture

d. Temperature

Sick leave used by employees.

Provide a social atmosphere of relaxation in the Dining Facility.

Maintain a consistent inventory.

Patient visited within 24 hours of admission by a dietitian.

Increasing ration count.

See if people over thirty are using the Dining Facility.

Variety of food items.

Every new patient has a menu within twelve hours.

PATIENT ADMINISTRATION

Maintenance and control of outpatient records to include technical advice to outlying clinics.

Timeliness in completion of all dictations. Backlog of less than one week.

Quality of Inpatient Records (must meet the JCAH Standards).

Morale of assigned personnel.

Responsiveness and effectiveness of the Aeromedical Evacuation Section.

Report established and maintained with other military and civilian hospitals.

Monitoring of long term patients in order to make disposition of such patients as a primary part of the Utilization Review Program.

Timeliness in completion of Medical Boards; within two months of notification of Board proceedings.

100% error free rate in the operation of the MSA and PTF.

Performance of patient care audits.

Processing vouchers for medical services within one week.

Capture of work count.

Timely response to correspondence.

Correctness and control of patient count.

Management of TDRL examinations.

Third party liability reporting.

Line of Duty Administration.

Accuracy of patient locator.

PERSONNEL

Hospital duty uniform, supply, inventory.
Timely personnel actions coorespondence, within one week.
Administer moonlighting program.
Administer disciplinary actions equitably.
Accomplishment of reenlistment program objectives.
Maintain student records at a 2% error rate.
SIDPERS error rate, less than 5%.
Timely OER/EER submissions, less then 5% late rate.
Provide accurate military strength accounting.
Operate morale support fund activities at a profit.
Accuracy of personnel rosters.
Maintenance of billets quality.
Maintain attendance in morale support activities.
Enlisted Promotion Program.
Ability to fill authorized military spaces with qualified military personnel.

APPENDIX E

CRITERIA EVALUATION

Date _____

Time _____

Auditor _____

PATIENT ADMINISTRATION DIVISION

EVALUATION CRITERIA	Compliance	Non-compliance
Less then one dictation backlog		
Completeness Inpatient Records		
Completeness & control of Outpatient Records		
Medical Boards processed within two months of notification of Board proceedings		
Supervised monitoring of long term patients		
Adequate procedures to capture work count		
Error free MSA and PTF Accounts		
Performance of number of JCAH recommended audits		
Timely (1 wk) response to correspondence		
Process medical service vouchers within 1 wk		
Correctness of patient count		

Explanation of Non-Compliance Findings: _____

RETURN THIS EVALUATION TO THE EXECUTIVE OFFICER.

Appendix E1

Date _____

Time _____

Auditor _____

FOOD SERVICE DIVISION

EVALUATION CRITERIA

Compliance

Non-Compliance

Quality of Food, Taste, Texture, Appearance, Temperature		
Accomplishment of Budget within projection		
Ability to serve fluctuating demand		
Cleanliness of Food Service Areas		
Deliver food service trays within ten minutes of schedule		
Increasing ration count		
Diet Clinic visits available within one week		
Menu published is being served		
Social atmosphere of relaxation in the Dining Facility		
Patient visited within 24 hours of admission by a Dietitian		
Maintenance of a constant dollar value inventory		
Presence of a viable teaching program		

Explanation of Non-Compliance Findings: _____

RETURN THIS EVALUATION TO THE EXECUTIVE OFFICER.

Appendix E2

Date _____

Time _____

Auditor _____

PERSONNEL DIVISION

EVALUATION CRITERIA	Compliance	Non-Compliance
Personnel Actions Correspondence completed within one week		
Authorized military allocations filled with qualified personnel		
Maintenance of Billets		
OER/SEER submissions less than 5% late rate		
SIDPERS error rate less than 5%		
Accomplishment of reenlistment objectives		
Accurate military strength accounting		
Maintain adequate duty uniform inventory		
Viable enlisted promotion program		
Accurate personnel rosters		

Explanation of Non-Compliance Findings: _____

RETURN THIS EVALUATION TO THE EXECUTIVE OFFICER.

Appendix E3

APPENDIX F

ORGANIZATION AND FUNCTION

CHAPTER 3

SECTION XVI. PATIENT ADMINISTRATION DIVISION

1. General.

a. The mission of the Patient Administration Division (PAD) is to provide patient administration services to support the health care delivery mission of Medical Treatment Facilities (MTF).

b. Organization of the PAD will depend upon such factors as the size of the Division, the grouping of related activities, and the span of management control. Elements will be structured to limit manpower to that needed to perform the mission and functions effectively.

2. Organization.

a. Office of the Chief. Functions include:

(1) Development of divisional management objectives and operating program.

(2) Continuous review of work methods, systems, and procedures of the division.

(3) Development and monitorship of patient administration training programs.

(4) Continuous liaison with the professional and administrative elements.

Appendix F

(5) Serve as the principal advisor to the Commander and staff on patient administration matters.

(6) Sign reports and correspondence for the division and in the name of Commander as authorized.

(7) Serves as principle staff officer in MTF on matters pertaining to determination of eligibility for care.

(8) Release medical statements and medical information and initiation of fee collection as necessary.

b. Patient Accountability Branch. Functions include:

(1) Admission and Disposition Section.

(a) Provision of administrative admission and disposition services.

(b) Maintenance of inpatient accountability system.

(c) Maintenance of the daily Admission and Disposition report.

(d) Maintenance of ward occupancy chart and patient locator file.

(e) Management of activities concerning the receiving, evacuating, transferring, and referring of patients to and between MTF's.

(f) Coordination of administrative support for active duty personnel absent sick in non-military MTF.

(g) Initiation of line of duty determinations and coordination of any follow-up.

(h) Operation of the Patients' Clothing and Baggage.

(2) Hospital Treasurer Section.

(a) Operation of the Medical Services Accounts.

(b) Operation of the Patients' Trust Fund.

(c) Preparation of reimbursement billing documents.

(d) Operation of the central clearance activity for all patients being dispositioned and for military patients departing on an interim basis.

(e) Preparation of processing of vouchers for medical services received from civilian providers for active duty Army and eligible Army Reserve component military personnel.

c. Medical Records Administration Branch. Functions include:

(1) Medical record administration consultation for the management of all inpatient and outpatient medical records.

(2) Conduct of MTF-wide medical record training programs.

(3) Custodianship of inpatient medical records.

(4) Receipt, processing, filing, and discipline of inpatient medical records.

(5) Management of the Individual Patient Data System (IPDS), to include coordinating use of outpatient reports in

the MTF and reviewing reports for trends.

(6) Coordination of medical statistical reporting and the submission of required reports.

(7) Coordination of epidemiological contact reporting with Preventive Medicine Activities.

(8) Maintenance of required medical reference indexes.

(9) Assistance to the professional staff in clinical research projects.

(10) Guidance to the staff on patient administration aspects of JCAH accreditation. The Branch functions as the PAD coordinator for the medical care evaluation program and supervises the documentation review of all medical records.

(11) Coordination with the SJA on medico-legal aspects of medical record documentation, the release of medical information, and consent for care requirements or procedures, advising MTF staff thereon.

(12) Operation of the central medical transcription service.

d. Patient Affairs Branch. Functions include:

(1) Third Party Liability reporting to the Recovery Judge Advocate (RJA).

(2) CHAMPUS Program activities management.

(3) Information services on medical care available in other health care facilities and on health benefits available

through the VA and other governmental agencies.

(4) Reviewing requests for civilian supplemental care for compliance with regulatory requirements prior to command approval.

(5) Administrative management of Reserve and National Guard personnel requiring medical care. Includes coordinating treatment in Uniformed Services or other Federal MTF, or from civilian sources; requesting extensions of active duty for training (ADT) or full-time training duty (FTTD) orders or authorizing continuation of pay and allowances; coordinating follow-up care; and administering medical boards and physical disability processing.

(6) Serves as the central office for medical board administration.

(7) Physical Evaluation Board Liaison Officer (PEBLO) services.

(8) Maintenance of rosters to project patient disposition in coordination with other staff elements.

(9) Coordination of Temporary Disability Retired List (TDRL) examinations.

(10) Administration Management of Seriously Ill and Very Seriously Ill (SI/VSI) and special category patients (SPECAT) reporting requirements.

(11) Preparation of certificates of birth.

(12) Release of transmittal of all requested medical records, information therefrom, or medical statements and the initiation of fee collection as necessary. Obtains requested medical records from MTF on other sources.

(13) Administrative management of requests for medical information from insurance companies.

(14) Administrative management of permanent physical profiles.

(15) Coordination of the Ancillary Medical Services Program, UP AR 40-3.

(16) Decedent affairs services including:

(a) Preparation of certificates of death.

(b) Coordination of notification.

(c) Coordination of the disposition of remains with appropriate authorities.

(d) Coordination with AG Casualty Branch, Fort Bliss, for services under the Survivors Assistance Program for eligible next of kin (NOK).

(e) Provision of counseling services of other NOK.

e. Outpatient Medical Records Branch. Functions include:

(1) Management of Health Record (HREC) and outpatient treatment records (OTR) operations and personnel in the medical center.

(2) Technical assistance in medical records management to health clinics located on post.

(3) Maintenance of nominal cross-index for those records filed by terminal digit.

(4) Preparation of Patient Recording Cards for all patients and monitoring for maximum utilization by patients and staff.

(5) Operation of record control program to assure the delivery, return, and follow-up of records removed from the records room.

(6) Coordination with military personnel support activities on matters pertaining to HREC processing for incoming and departing members and periodic HREC inventories.

(7) Coordination with the professional staff on the screening of incoming HREC.

(8) Specialized management of those records containing sensitive medical data or for personnel in special category programs, e.g., the Personnel Reliability Program.

(9) Review of HREC and OTR to assure complete identification data, complete entries, and the proper filing of forms.

(10) Assistance to the Medical Records Administration Branch in coordinating support to ambulatory medical care evaluation and documentation review of HREC and OTR.

(11) Provide technical assistance for civilian employee records maintained by the CTHC.

(12) Assistance to the Medical Services Accounts Officer (MSAO) in ambulatory care payment or reimbursement as appropriate.

CHAPTER 3

SECTION XVII. PERSONNEL DIVISION

1. Mission and General Functions. The mission and general functions of the Personnel Division are to provide for the administration of assigned and attached military personnel; coordinate activities of the Morale Support Fund; provide personnel management, administration and record keeping for patient, student, and resident personnel; provide advice and service to the medical center staff on personnel matters; operate welfare and recreation facilities; operate a Guest House; and provide a command structure for all assigned or attached enlisted personnel and assigned or attached patients.

2. Chief, Personnel Division. The Chief, Personnel Division, will be a Medical Service Corps officer with primary duty as Troop Commander. He is responsible for the functions below as well as those in paragraph 3 through 7:

a. Operation of the Personnel Division and activities of all subordinate organizational components.

b. In coordination with the Chief, Force Development Division, developing and establishing policies and procedures for the efficient utilization of personnel (manpower).

c. Serving as consultant to all elements of the command on matters and policies relating to military personnel management.

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d. Conducting review and analysis of work methods and operational procedures within the Personnel Division.

e. Preparing orders as authorized. (The Personnel Officer or an assistant will be designated "Assistant Adjutant" for the purpose of administering oaths, taking acknowledgements, performing other notarial acts, and authenticating orders in accordance with AR 600-11 and AR 310-10).

f. Administering the MEDCEN Military Decorations and Awards Program.

g. Monitoring off-duty employment of all assigned military personnel.

h. Command functions and responsibilities prescribed by AR 600-20 over Company A, Company B, and Company C.

i. Planning, directing, coordinating, and supervising the administration, billeting, discipline, security and supply functions for the Troop Command.

j. Administering the Troop Command Safety Program.

k. Coordinating the welfare and recreation activities for the Troop Command.

3. Military Personnel Branch. The Military Personnel Branch is responsible for military personnel management and administrative personnel functions for all military personnel of the Command.

a. Chief, Military Personnel Branch. The Chief, Military Personnel Branch, will be a Medical Service Corps officer. He functions as the Unit Personnel Officer and is responsible for the following functions as well as those of subordinate sections of the Branch:

(1) Operation of a Unit Personnel Office in conformance with AR 600-8 and DA Pamphlet 600-8.

(2) Coordinating unit personnel actions with the Adjutant.

(3) Serving as Staff Advisor to the Chief, Personnel Division, on military personnel matters.

(4) Maintaining liaison with Chiefs of all MEDCEN elements to insure effective military personnel classification and assignment actively within the medical center.

(5) Serving as consultant to all military members of the Command on military personnel management matters, when requested.

(6) Maintaining close liaison with the Fort Bliss Consolidation of Military Personnel Activities (COMPACT) to insure that personnel management and administration services are provided in accordance with applicable support agreements.

(7) Conducting surveys, as necessary, on military personnel utilization to insure that optimum utilization of all assigned military personnel is achieved.

(8) Maintaining liaison with Force Development Division on matters of military personnel authorization.

(9) Supervising the Career Counselor in the execution of the Army Reenlistment Program, as applicable to William Beaumont Army Medical Center (AR 601-280).

b. Administrative Support Section. The Administrative Support Section is assigned the following functions:

- (1) Preparing correspondence.
- (2) Maintaining a central control of flagging actions.
- (3) Operating a Branch Information Office.
- (4) Preparing extracts and true copies of various personnel records.
- (5) Coordinating reproduction services required by Military Personnel Branch.
- (6) Providing distribution and messenger services within the Branch.
- (7) Maintaining administrative files, administrative suspense files, and records administration.
- (8) Performing forms control functions for the Branch and coordinating requirements from the Comptroller.
- (9) Procuring and distributing office supplies, publications and blank forms.
- (10) Arranging for the maintenance of office furniture and machines.
- (11) Preparing draft replies to Congressional Inquiries and Inspector General complaints.

- (12) Maintaining duty rosters, as required.
- (13) Controlling requests for passes and leaves to maintain operational control.
- (14) Performing duties of Ward Fire Marshal.
- (15) Providing technical assistance to sections of the Branch as requested.
- (16) Monitoring and controlling the enlisted promotion system.
- (17) Performing all other functions essential to the administrative support of the Military Personnel Branch.
- (18) Providing Post Locator Service for military personnel.
- (19) Initiating and controlling processing of incoming and outgoing personnel.

c. Strength Accounting Section. The Strength Accounting Section is responsible for the following functions:

- (1) Preparing and submitting strength and accounting transactions for all units.
- (2) Developing, maintaining and furnishing strength and statistical information pertinent to assigned and attached military personnel.
- (3) Preparing and updating PDC cards.

d. Personnel Management Section. The Personnel Management Section is assigned the following functions:

- (1) Performing classification, including reclassification actions and the monitoring of MOS testing conducted at Fort Bliss.

- (2) Determining duty assignments.
- (3) Processing voluntary applications for overseas service on enlisted personnel.
- (4) Processing levies and POR requirements.
- (5) Selecting and obtaining volunteers for special assignments and special duties.
- (6) Providing information on MOS requirements for school training.
- (7) Taking necessary action to adjust enlisted MOS overstrengths.
- (8) Insuring utilization of personnel including utilization of mentally and physically substandard personnel and rehabilitated personnel.
- (9) Monitoring the Enlisted Evaluation System.
- (10) Requisitioning and reception of personnel.
- (11) Handling all matters pertaining to appointments, promotions, reductions, and demotions of enlisted personnel.
- (12) Accomplishing sample surveys of military personnel.
- (13) Developing, maintaining, and furnishing MOS strength and statistical information as required.
- (14) Preparing reports as required on enlisted personnel eligible for promotion and surplus enlisted personnel.

e. Personnel Actions Section. The Personnel Actions Section is assigned the following duties:

(1) Processing all matters pertaining to elimination cases, release from active duty, discharges, retirements, enlistments, extension of enlistments, requests for excess leave and non-CONUS leave, death cases (except casualty reporting), branch transfers and details for officers, rotation, redeployment, service medals, consummation of appointments of officers and warrant officers, and extension or delination of active duty for reserve officers.

(2) Insuring preparation and submission of efficiency reports of student officers and warrant officers on extended active duty, officer evaluation reports for officers on active duty for training, officer preference statements, and processing of all TDY and administrative absence requests as well as all other types of personnel actions.

(3) Insuring control of personnel actions in security and investigative cases.

(4) Providing information for casualty reporting to Casualty Section, Fort Bliss.

(5) Preparing application for Identification Cards to all authorized personnel being retired.

(6) Counseling and processing applications for individuals desiring schooling to include residency training, degree-producing schools, and long- and short-term training programs.

(7) Procurement of personnel for OCS, Regular Army and USAR Warrant Officer appointments.

(8) Identifying personnel to be considered for elimination prior to expiration of their terms of service.

(9) Handling all matters pertaining to appointments, promotions of officer and Warrant Officer personnel.

(10) Handling solicitation for WBAMC reservation.

(11) Issuing ID Cards for military, dependents, and retired personnel, as well as for civilian employees.

(12) Handling all other matters of personnel administration not specifically assigned to another section of the Military Personnel Branch.

(13) Handling all actions pertaining to orders production to include typing, reproduction, and distribution.

(14) Handling all officer MOS reclassification matters, referring to the appropriate career branch those reclassifications not delegated by regulation to MEDCEN Commanders.

(15) Monitoring and managing officer promotions as follows: DA promotions to include screening of listings of primary zones to insure no omissions, screening and follow-up of published recommended lists, extracting published promotion orders for both temporary and permanent promotions.

(16) Administering Command's Survivor's Benefit Program.

(17) Preparing all correspondence pertaining to Personnel Actions.

f. Separation Point. The Separation Point is a part of the Personnel Actions Section and is assigned the following functions:

(1) Completing the separation and retirement processing of duty and patient personnel being released from active duty, and processing personnel from other stations ordered to this station for separation and retirement processing, including finance paperwork.

(2) Providing counseling on the benefits available to the service member following the separation from active service.

(3) Advising the separatee of his reserve obligation.

(4) Insuring that all personnel being separated or retired are cleared prior to their departure.

(5) Maintaining records on patients who have appeared before the Physical Evaluation Board and elected to take PCS home status or who are awaiting orders in a VA hospital.

(6) Initiating requests for orders placing the individual on PCS Home to await final action of their Physical Evaluation Board, and PCV.

(7) Preparing final supporting pay documents and forwarding to Finance and Accounting Office for processing.

(8) Advising personnel on the procedure for applying for other benefits and on the benefits of the Servicemen's Group Life Insurance.

(9) Processing all applications (duty and patient) for

VA compensation. Obtaining Clinical, Health and Dental Records and processing same to respective VA Regional Office, which controls mailing address of individual separated or retired.

(a) Initiate initial notification of annual and special physical and dental examination.

g. Records Section. The Records Section is assigned the following functions:

(1) Preparing and maintaining personnel records, except those pertaining to military pay, including officer and enlisted qualification records, service records, and personnel records jackets for all student personnel to include interns and residents assigned to William Beaumont Army Medical Center.

(2) Preparing, verifying, and submitting rosters and reports required in the Army Personnel System, except those specifically assigned to another section of the Military Personnel Branch.

(3) Developing, maintaining, and furnishing military personnel statistical information as required and not performed elsewhere.

(4) Transmitting personnel status changes to other sections of the Military Personnel Branch.

(5) Initiating and controlling processing of incoming and outgoing patient personnel.

(6) Furnishing Medical Boards Section required personnel data to accompany an individual's medical board to the Physical Review Council.

(7) Control matters pertaining to individuals, under the drug program, being transferred to appropriate VA hospitals and subsequent separation from the military service.

4. Morale Support Activities Branch. The Chief, Morale Support Activities Branch is responsible for the following functions as well as those of the subordinate sections:

a. Planning and scheduling the use of all recreational areas of the MEDCEN.

b. Planning, scheduling and supervising all athletic and recreational programs for patients and duty personnel.

c. Arranging for transportation and publicity for volunteer shows and assisting in their production.

d. Maintaining liaison with the Red Cross, Chaplain, sports organizations and other organizations and troupes concerned with recreation and morale.

e. Operating the Morale Support Activities library; Skill Development Center; Gymnasium; Bowling Lanes; Swimming Pool; Outdoor Recreation Program; and other recreational and morale facilities under the jurisdiction of the MEDCEN commander.

(1) Sports Section. The Sports Section is responsible for the following functions:

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(a) Planning and administering the MEDCEN sports program, including the management of facilities (swimming pool, gymnasium, bowling lanes and outdoor athletic and recreational facilities).

(b) Accounting for all funds received in conjunction with the operation of the facilities.

(2) Skill Development Center. The Skill Development Center is responsible for the following functions:

(a) Planning and administering the MEDCEN skill and development program to include the management of facilities.

(b) Accounting for all funds received in the operation of the Skill and Development Morale Support Fund Account.

(3) Library Section. The Library Section is responsible for the following:

(a) Planning, administering and publicizing a recreational library for patient and duty personnel.

(b) Operating bookcarts for provision of library services to patients on wards.

(c) Providing educational, information, recreational and reference library services.

(d) Ordering or requisitioning, classifying and cataloging reading materials for library and other agencies on the MEDCEN, except the medical and legal libraries.

(e) Furnishing mechanical reading aids to patients requiring such assistance.

(4) Outdoor Recreation Section. The Outdoor Recreation Section is responsible for the following functions:

(a) Planning and administering the MEDCEN Outdoor Recreation Program to include the management of outdoor equipment, i.e., camping, trailers, fishing/pleasure boats, tents/camping equipment, bicycles and snow ski equipment.

(b) Accounting for all funds received in the operation of the Outdoor Recreation Program Morale Support Fund Account.

g. Planning and coordinating the Patient Welfare Program IAW provisions of AR 40-2.

5. Company A. Company A will be commanded by a Medical Service Corps officer who will insure the discharge of the following command responsibilities:

a. Command functions and responsibilities prescribed by AR 600-20 over assigned or attached enlisted personnel assigned to the Department of Nursing and the Department of Primary Care and Community Medicine.

b. Operation of Unit Supply and Maintenance of supply and accounting records for individuals and organizational clothing and equipment, and other supplies in accordance with AR 710-2.

c. Liaison with the Troop Commander/Chief, Personnel Division and Chief, Plans, Operations and Training Division, for providing information intended to promote job satisfaction and to insure optimum utilization of assigned or attached personnel.

d. Accomplishing of prescribed procedures for POR qualification.

e. Command information programs in accordance with AR 360-81.

f. Proper administration procedures, and preparation and submission of reports and maintenance of records as required.

6. Company B. Company B will be commanded by a Medical Service Corps officer who will insure the discharge of the following command responsibilities.

a. Command functions and responsibilities prescribed by AR 600-20 over assigned or attached enlisted personnel to activities other than those prescribed in paragraph 5 above.

b. Operation of Unit Supply, and maintenance of supply and accounting records for individuals and organizations clothing and equipment and other supplies in accordance with AR 110-2 to include POR procedures.

c. Liaison with the Troop Commander/Chief, Personnel Division, and Chief, Plans, Operations and Training Division, for providing information intended to promote job satisfaction and to insure optimum utilization of assigned or attached personnel.

d. Command Information Programs in accordance with AR 360-81.

e. Proper administration procedures, and preparation and submission of reports and maintenance of records as required.

7. Company C. Company C will be commanded by a Medical Service Corps officer who will insure the discharge of the following command responsibilities:

a. Command functions and responsibilities prescribed by AR 600-20 over assigned or attached military patient and student personnel.

b. Operation of Unit Supply, and maintenance of supply and accounting records for individual and organizational clothing and equipment and other supplies in accordance with AR 710-2.

c. Liaison with the Troop Commander/Chief, Personnel Division, and Chief, Plans, Operations, and Training Division, for providing information intended to promote job satisfaction and to insure optimum utilization of assigned or attached personnel.

d. Command information programs in accordance with AR 360-81.

e. Accomplishment of prescribed procedures for POR qualification.

f. Proper administration procedures and preparation and submission of reports and maintenance of records as required.

Appendix F

CHAPTER 3

SECTION XVIII. FOOD SERVICE DIVISION

1. General. The mission of the Food Service Division is to provide comprehensive nutritional services in support of the patient care mission of the medical center. These services include provision of subsistence in the medical center food service facilities to those personnel so authorized.

2. Organization.

a. Office of the Chief. Functions include:

(1) Development of the operating program for the Division.

(2) Provision of nutritionally adequate diet services which are within prescribed budgetary limitations.

(3) Provision of appropriate dietetic treatment for patients as prescribed by the medical center medical and dental staffs.

(4) Operation of nutrition clinics as appropriate.

(5) Maintenance of food cost management records and preparation of reports as required.

(6) Operation of a division-wide quality control program.

(7) Development and operation of appropriate training programs.

(8) Review and analysis of work methods and operational procedures within the Division.

b. Production and Service Branch. Functions include:

Appendix F

(1) Provision of food services to patients and non-patients authorized to subsist in medical center facilities.

(2) Establishment of food production and service methods for regular and modified dieting programs.

(3) Operation of the following, as appropriate:

(a) Food Preparation and Service Unit.

(b) Dining Room.

(c) Meat Processing Unit.

(d) Pastry Unit.

(e) Ingredient Unit.

(f) Patient Tray Service Unit.

(g) Sanitation Unit.

(h) Subsistence Supply Section.

c. Clinical Dietetics Branch. Functions include:

(1) Establishment of specialized dietary regimens as warranted.

(2) Provision of a high standard of patient feeding with individualized therapeutic regimens.

(3) Provision of dietary counseling for inpatients.

(4) Operation of Nutrition Section. This section provides dietary counseling for outpatient and nutritional educational activities in support of community health programs.

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U.S. ARMY-BAYLOR UNIVERSITY
GRADUATE PROGRAM IN HEALTH CARE ADMINISTRATION
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FILE

HSA-IHC

27 April 1979.

SUBJECT: Problem Solving Research Proposal Requirement

COL Stephen Henley, MSC
Executive Officer
William Beaumont Army Medical Center
El Paso, TX 79920

1. Inclosed is the Problem Solving Research (PSP) Proposal for Captain Robert D. Galloway, MSC

The statement of the problem presented in this proposal reads as follows:

"A Study to Access and Improve Administrative Efficiency and Effectiveness at William Beaumont Army Medical Center, El Paso, Texas"

2. A review of the proposal resulted in the comments presented below.

See attached notes.

1 Incl
as


JACK O. LANIER, Dr. P.H.
COLONEL, MSC, USA
Chairman, Residency Committee

13. Table of Contents -
Revise the Appendix portion of your Table of Contents to reflect the subject division by category.

Appendix

A. Executive Officers Response	15
Food Service	16
Patient Administration	17
Personnel	18

14. Bibliography - Use a half-title page for the Bibliography. See page 20 of the "Composite Manual of Writing Style."


BOB WATSON
MAJOR, MSC
Research Advisor

Captain Robert D. Galloway

COMMENTS ON PSP

1. Page 1 - openness - misspelled.
2. Page numbers other than those at the beginning of a chapter should be five spaces from top of page and centered (Page 48-22 of Composite Manual of Writing Style).
3. Page 1. Roman numeral I. should precede the Introduction, in the heading (Page 18, of Composite Manual of Writing Style).
4. Page 1. Historical Factors. is not listed under Introduction, in your Table of Contents.
5. Page 2. Mission. is not listed under Introduction, in your Table of Contents.
6. Page 6. academicians - misspelled.
7. Page 7. New chapter should begin on a separate page (See Page 18 - of Composite Manual of Writing Style). Roman numeral II. should precede "Discussion".
8. Page 10-11. On Page 10 - It is "Organization and Function Manual." On Page 11 - It is "Organization and Functions Manual." - Question - Is "Manual" singular or plural?
9. Roman numeral III. should precede Conclusion, in the heading.
10. Comma needed after the word "thrust" in second sentence at top of page.
11. Page 6. Second paragraph. "See Appendix 1, 2, 3, 4, 5 and 6" should be in parenthesis () like you have done on Page 10.
12. Appendix -
The Appendix should be divided into categories and identified by subject. The categories then should be lettered (A, B, C, etc). A half-page title should be used such as:

APPENDIX A
Executive Officer's Response

Then, Food Service, Patient Admin., and Personnel would follow on subsequent pages. The half-page title is not numbered but the subsequent pages are.

APPENDIX B
Department Chief's Response

Then, follow the same format as above. Follow Kate Turabian's book as a guide.